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Post-Injury Follow-Up Study

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13. ABSTRACT (Maximum 200 Words) Implementation of the Vietnam Head Injury Study Phase III (VHIS3) was delayed this last year pending negotiations with the National Naval Medical Center (NNMC) regarding space and testing costs. In Oct 2002, an understanding was reached, and the necessary space has been obtained. All fiscal matters were resolved with one exception; NNMC will be unable to provide computed tomography brain scans (to measure the size and location of brain damage) and EEGs (brain electrical activity recording to evaluate patients for seizures) at no cost as was envisioned in original discussions with NNMC personnel and reflected in the original budget request. In Nov 2002, we requested a funding supplement to cover the costs of the CT and EEG procedures and reports. A response is pending. We hired a study coordinator who begins work on Nov 25th. In Dec, we will be placing recruitment advertisements for remaining staff in appropriate venues. A protocol to study a subset of subjects at the NIH has been approved. A protocol to study subjects at NNMC has been submitted for preliminary review and should be formally submitted in December. We anticipate NNMC approval by March 2003, at which time it will be forwarded to USAMRAA for review and approval. Beginning in Nov 2002, project and NNMC staff will meet every other week to assure that occupation of the NNMC space is accomplished in a timely manner, with the goal of beginning subject testing by Sep 2003.				
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Introduction

This report summarizes events for the period September 24, 2001 to September 23, 2002 in the implementation of the Vietnam Head Injury Study Phase III: A 30-Year Post-Injury Follow-up Study, funded by the US Army Medical Research and Material Command, under grant no. DAMD17-01-1-0675.

Narrative

The implementation of the Vietnam Head Injury Study - Phase III (VHIS3) was delayed this last year pending negotiations with the National Naval Medical Center, Bethesda (NNMC) regarding the allocation of space and payment for testing costs for project tasks to be conducted at their facility. These negotiations with NNMC were made necessary as NNMC's fiscal status and the personnel originally involved in this process had changed since the grant originally was submitted. In October 2002, an understanding with NNMC was reached, and we now have obtained the space necessary to carry out this study there. All other fiscal matters were resolved with one exception. The NNMC now is unable to provide computed tomography brain scans (to measure the size and location of brain damage) and EEGs (brain electrical activity recording to evaluate patients for seizures) and at no cost as was envisioned in the original discussions with NNMC personnel several years ago and as was reflected in the original grant budget request. In November 2002, a formal request for a funding supplement to this award to cover the costs of the CT and EEG procedures and reports was made of the Army. A decision is still pending as to date of receipt of these funds.

In November 2002, the study coordinator for the project was selected, and she will begin working on November 25th, 2002. We will be placing recruitment advertisements for the remaining needed staff next month in appropriate journals and newsletters.

A protocol to study a subset of VHIS3 subjects at the NIH has been approved. A protocol to study VHIS3 subjects at NNMC has been submitted to their Institutional Review Board presubmission review and comment, and it should be completed and formally submitted to the board in December. We anticipate approval from the NNMC by March 2003, at which time the approved protocol will be forwarded to Ft. Detrick for their review and approval.

Beginning in November 2002, the investigators, study coordinator, and NNMC personnel will be meeting every other week to assure that occupation of the NNMC space is accomplished in a timely manner, with the goal of beginning subject testing by September 2003.

Key Research Accomplishments

See section entitled "Narrative" above.

Reportable Outcomes

See section entitled "Narrative" above.